

KERALA STATE INSURANCE DEPARTMENT
GROUP INSURANCE SCHEME
FORM No. 1
(Vide Rule 4)

Department/Office :
.....

Dated :/...../20.....

MEMORANDUM

Shri/Smt.
(Name), (Designation) a
Group (A/B/C/D) Employee has been enrolled as a member of the Kerala State
Government Employees' Group Insurance Scheme, with effect from
20..... His/Her monthly subscription of ₹(Rupees.
..... only) shall be deducted from his/her salary/wage
commencing from the month of 20..... and he/she will be eligible to the
benefits of the scheme appropriate to Group (A/B/C/D)
w.e.f. 20.....

Head of Office

To

Shri/Smt.

.....

(Name & Designation of the employee)